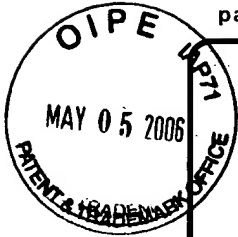


LEW 8 2128

Modified 02-03

PTO/SB/21 (01-03)
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> Mail Stop: AMENDMENT Express Mail Receipt No. Total Number of Pages in This Submission		Application / Conf. No.	09/847,032 / 5645
		Filing Date	April 30, 2001
		First Named Inventor	Lester S. Sanders
		Examiner Name	Thai Q. Phan
		Art Unit	2128
		Patent No.	
		Attorney Docket Number	X-858 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request One Month <input type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Customer Number	24309 <small>(Customer Number)</small>		Reg. Number 37,652
Attn:	Kim Kanzaki		
Signature			
Date	May 3, 2006	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040	

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Typed or Printed Name	Pat Tompkins		
Signature		Date	May 3, 2006

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FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision</i>	Complete if Known	
	Application / Conf. No.	09/847,032 / 5645
	Filing Date	April 30, 2001
	First Named Inventor	Lester S. Sanders
	Examiner Name	Thai Q. Phan
	Art Unit	2123
Attorney Docket No.	X-858 US	
TOTAL AMOUNT OF PAYMENT		(\$) 120.00

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to: <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		3. ADDITIONAL FEES			
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity					
Fee Code	Fee (\$)	Fee Description	Fee		
1001	770	Utility filing fee			
1002	330	Design filing fee			
1003	510	Plant filing fee			
1004	790	Reissue filing fee			
105	160	Provisional filing fee			
SUBTOTAL (1)		(\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims: 30 - 20** =		Extra: 0 X		Fee from below: 0 = \$0	
Indep. Claims: 03 - 3** =		0 X		= \$0	
Multiple Dependent Claims:		0 X		=	
**or number previously paid, if greater; For Reissues, see below					
Large Entity					
Fee Code	Fee (\$)	Fee Description			
1202	18	Claims in excess of 20			
1201	86	Independent claims in excess of 3			
1203	290	Multiple dependent claim, if not paid			
1204	86	**Reissue independent claims over original patent			
1205	18	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$) 0.00			
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 120.00			
		Other fee (specify) _____			

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652	Telephone	408-879-6149
Signature				Date	05-03-2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.